Rec#: 9	99	Emp#: 1350 Phil	ip Brailsford	Quar	ter: 1	State: AZ		
Check:	7340	Date: 01/11/20	19		Period:12	2/30/2018 to	01/05/	2019
	Regular	Overtime	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.5000	38.0000	40.00				
Hours:	27.00	0.00	0.00	0.00	0.00	8.00	Diem	0.00
Pay:	513.00	0.00	0.00	0.00	0.00	152.00	Misc	0.00
	Hours	Gross Pay	Add-Ons	Deductions	Net Pay	YTD Wages		0.00
Totals:	35.00	665.00	0.00	165.59	499.41	1,273.00	Salary	0.00

Calculation	Туре	Check	Year	Calculation	Type	Check	Year
Social Security	Ded	35.13	66.72	EE Health Insur Cost	Ded	91.22	182.44
Medicare	Ded	8.21	15.60	EE Dental Insur Cost	Ded	7.24	14.48
AZ Income Tax	Ded	23.79	45.19				

01/11/2019 \$ *********

Non-negotiable

Philip Brailsford 9533 E Olla Cir Mesa AZ 85212



Rec#: 9	99	Emp#: 13!	50 Philip	Brailsford			Quart	er: 1	State: AZ
Check:7	7340	Date: 0	1/11/201	9		Period:12	2/30/2018 to	01/05/2	019
	Regular	Overtim	ne	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.	5000	38.0000	40.00				
Hours:	27.00		0.00	0.00	0.00	0.00	8.00	Diem	0.00
Pay:	513.00		0.00	0.00	0.00	0.00	152.00	Misc	0.00
	Hours	Gross	Pay	Add-Ons	Deductions	Net Pay	YTD Wages		
Totals:	35.00	66	65.00	0.00	165.59	499.41	1,273.00	Salary	0.00
Calculati	on	Туре	Che	ck Ye	ar Calcu	lation	Туре	Check	Year
Social Se	curity	Ded	35.1	13 66.	72 EE He	alth Insur Cost	Ded	91.22	182.44
Medicare De		Ded	8.2	21 15.0	60 EE De	ntal Insur Cost	Ded	7.24	14.48
AZ Incom	ne Tax	Ded	23.7	7 9 45.	19				

Rec#:	15	Emp#: 1350 Phil	ip Brailsford			Quar	ter: 1	State: AZ
Check:	7271	Date: 01/04/20	19		Period:12	2/23/2018 to	12/29/	2018
	Regular	Overtime	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.5000	38.0000	40.00				
Hours:	24.00	0.00	0.00	0.00	0.00	8.00	Diem	0.00
Pay:	456.00	0.00	0.00	0.00	0.00	152.00	Misc	0.00
	Hours	Gross Pay	Add-Ons	Deductions	Net Pay	YTD Wages		2.22
Totals:	32.00	608.00	0.00	158.84	449.16	608.00	Salary	0.00

Calculation	Туре	Check	Year	Calculation	Type	Check	Year
Social Security	Ded	31.59	31.59	EE Health Insur Cost	Ded	91.22	91.22
Medicare	Ded	7.39	7.39	EE Dental Insur Cost	Ded	7.24	7.24
AZ Income Tax	Ded	21.40	21.40				

01/04/2019 \$ ********

Non-negotiable

Philip Brailsford 9533 E Olla Cir Mesa AZ 85212



Rec#: 1	5	Emp#: 13!	50 Philip	Brailsford			Quart	ter: 1	State: AZ
Check:7	271	Date: 0	1/04/201	9		Period:12	2/23/2018 to	12/29/20	018
	Regular	Overtim	пе	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.	5000	38.0000	40.00				
Hours:	24.00		0.00	0.00	0.00	0.00	8.00	Diem	0.00
Pay:	456.00		0.00	0.00	0.00	0.00	152.00	Misc	0.00
	Hours	Gross	s Pay	Add-Ons	Deductions	Net Pay	YTD Wages		
Totals:	32.00	60	08.80	0.00	158.84	449.16	608.00	Salary	0.00
Calculati	on	Туре	Che	ck Ye	ear Calcul	ation	Туре	Check	Year
Social Se	curity	Ded	31.5	59 31.	59 EE He	alth Insur Cost	Ded	91.22	91.22
Medicare Dec		Ded	7.3	39 7.	39 EE De	ntal Insur Cost	Ded	7.24	7.24
AZ Incom	ne Tax	Ded	21 4	40 21	40				

Rec#:	3288	Emp#: 1350 Phil	ip Brailsford			Quar	ter: 4	State: AZ
Check:	7197	Date: 12/28/20	18		Period:12	2/16/2018 to	12/22/	2018
	Regular	Overtime	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.5000	38.0000	40.00				
Hours:	37.00	0.00	0.00	0.00	0.00	0.00	Diem	0.00
Pay:	703.00	0.00	0.00	0.00	0.00	0.00	Misc	0.00
	Hours	Gross Pay	Add-Ons	Deductions	Net Pay	YTD Wages		0.00
Totals:	37.00	703.00	0.00	170.10	532.90	30,185.25	Salary	0.00

Calculation	Type	Check	Year	Calculation	Туре	Check	Year
Social Security	Ded	37.48	1,684.80	AZ Income Tax	Ded	25.39	1,141.29
Medicare	Ded	8.77	394.03	EE Health Insur Cost	Ded	91.22	2,722.66
Federal Income Tax	Ded		169.59	EE Dental Insur Cost	Ded	7.24	289.06

12/28/2018 \$ **********

Ded

7.24

289.06

Non-negotiable

Philip Brailsford 9533 E Olla Cir Mesa AZ 85212

Federal Income Tax

Ded



Rec#: 3	3288	Emp#: 135	50 Philip E	Brailsford			Quart	er: 4	State: AZ
Check: 7	7197	Date: 12	2/28/2018			Period:12	2/16/2018 to	12/22/2	018
	Regular	Overtim	пе	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.	5000	38.0000	40.00				
Hours:	37.00		0.00	0.00	0.00	0.00	0.00	Diem	0.00
Pay:	703.00		0.00	0.00	0.00	0.00	0.00	Misc	0.00
	Hours	Gross	Pay	Add-Ons	Deductions	Net Pay	YTD Wages		
Totals:	37.00	70	03.00	0.00	170.10	532.90	30,185.25	Salary	0.00
Calculati	ion	Туре	Check	Ye.	ar Calcul	ation	Туре	Check	Year
Social Se	curity	Ded	37.48	1,684.8	30 AZ Inc	ome Tax	Ded	25.39	1,141.29
Medicare	!	Ded	8.77	394.0	3 EE He	alth Insur Cost	Ded	91.22	2,722.66

EE Dental Insur Cost

Rec#:	3215	Emp#: 1350 Phil	ip Brailsford			Quar	ter: 4	State: AZ
Check:	7127	Date: 12/21/20	18		Period:12	2/09/2018 to	12/15/	2018
	Regular	Overtime	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.5000	38.0000	40.00				
Hours:	40.00	1.00	0.00	0.00	0.00	0.00	Diem	0.00
Pay:	760.00	28.50	0.00	0.00	0.00	0.00	Misc	0.00
	Hours	Gross Pay	Add-Ons	Deductions	Net Pay	YTD Wages	Calami	0.00
Totals:	41.00	788.50	0.00	187.12	601.38	29,482.25	Salary	0.00

Calculation	Type	Check	Year	Calculation	Type	Check	Year
Social Security	Ded	42.78	1,647.32	AZ Income Tax	Ded	28.98	1,115.90
Medicare	Ded	10.01	385.26	EE Health Insur Cost	Ded	91.22	2,631.44
Federal Income Tax	Ded	6.89	169.59	EE Dental Insur Cost	Ded	7.24	281.82

12/21/2018 \$ *********

Ded

7.24

281.82

Non-negotiable

Philip Brailsford 9533 E Olla Cir Mesa AZ 85212

Federal Income Tax

Ded

6.89



Rec#: 3	3215	Emp#: 135	50 Philip E	Brailsford			Quart	er: 4	State: AZ
Check:	7127	Date: 12	2/21/2018			Period:12	2/09/2018 to	12/15/20)18
	Regular	Overtim	е	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.5	5000	38.0000	40.00				
Hours:	40.00		1.00	0.00	0.00	0.00	0.00	Diem	0.00
Pay:	760.00	2	8.50	0.00	0.00	0.00	0.00	Misc	0.00
	Hours	Gross	Pay	Add-Ons	Deductions	Net Pay	YTD Wages		0.00
Totals:	41.00	78	88.50	0.00	187.12	601.38	29,482.25	Salary	0.00
Calculati	ion	Туре	Check	Ye	ar Calcul	ation	Туре	Check	Year
Social Se	ecurity	Ded	42.78	1,647.3	32 AZ Inc	ome Tax	Ded	28.98	1,115.90
Medicare)	Ded	10.01	385.2	26 EE He	alth Insur Cost	Ded	91.22	2,631.44

EE Dental Insur Cost

Rec#:	3126	Emp#: 1350 Phil	ip Brailsford			Quar	ter: 4	State: AZ
Check:	7056	Date: 12/14/20	18		Period:12	2/02/2018 to	12/08/	2018
	Regular	Overtime	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.5000	38.0000	40.00				
Hours:	32.00	0.00	0.00	0.00	0.00	0.00	Diem	0.00
Pay:	608.00	0.00	0.00	0.00	0.00	0.00	Misc	0.00
Totals:	Hours 32.00	Gross Pay 608.00	<i>Add-Ons</i> 0.00	Deductions 158.84	Net Pay 449.16	YTD Wages 28.693.75	Salary	0.00
TULAIS.	32.00	006.00	0.00	156.64	449.10	20,093.73		

Calculation	Type	Check	Year	Calculation	Туре	Check	Year
Social Security	Ded	31.59	1,604.54	AZ Income Tax	Ded	21.40	1,086.92
Medicare	Ded	7.39	375.25	EE Health Insur Cost	Ded	91.22	2,540.22
Federal Income Tax	Ded		162.70	EE Dental Insur Cost	Ded	7.24	274.58

12/14/2018 \$ *********

Non-negotiable

Philip Brailsford 9533 E Olla Cir Mesa AZ 85212



Rec#: 3	126	Emp#: 13	50 Philip	Brailsford			Quart	er: 4	State: AZ
Check:7	056	Date: 1:	2/14/2018			Period:12	/02/2018 to	12/08/20	018
	Regular	Overtim	е	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.	5000	38.0000	40.00				
Hours:	32.00		0.00	0.00	0.00	0.00	0.00	Diem	0.00
Pay:	608.00		0.00	0.00	0.00	0.00	0.00	Misc	0.00
	Hours	Gross	Pay	Add-Ons	Deductions	Net Pay	YTD Wages		
Totals:	32.00	60	08.00	0.00	158.84	449.16	28,693.75	Salary	0.00
Calculation	on	Туре	Chec	k Yea	ar Calcul	ation	Туре	Check	Year
Social Se	curity	Ded	31.59	9 1,604.5	4 AZ Inc	ome Tax	Ded	21.40	1,086.92
Medicare	/ledicare		7.39	9 375.2	.5 EE He	alth Insur Cost	Ded	91.22	2,540.22
Federal Ir	ncome Tax	Ded		162.7	'0 EE De	ntal Insur Cost	Ded	7.24	274.58

Rec#:	3030	Emp#: 1350 Phil	ip Brailsford			Quar	ter: 4	State: AZ
Check:	7020	Date: 12/07/20	18		Period:11	/25/2018 to	12/01/	2018
	Regular	Overtime	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.5000	38.0000	40.00				
Hours:	40.00	0.00	0.00	0.00	0.00	0.00	Diem	0.00
Pay:	760.00	0.00	0.00	0.00	0.00	0.00	Misc	0.00
Tatala	Hours 40.00	Gross Pay	Add-Ons	Deductions	Net Pay	YTD Wages	Salary	0.00
Totals:	40.00	760.00	0.00	180.89	579.11	27,515.75	Galaiy	0.00

Calculation	Type	Check	Year	Calculation	Туре	Check	Year
Social Security	Ded	41.02	1,537.61	AZ Income Tax	Ded	27.78	1,041.58
Medicare	Ded	9.59	359.59	EE Health Insur Cost	Ded	91.22	2,449.00
Federal Income Tax	Ded	4.04	37.30	EE Dental Insur Cost	Ded	7.24	267.34

12/07/2018 \$ **********

Ded

7.24

267.34

Non-negotiable

Philip Brailsford 9533 E Olla Cir Mesa AZ 85212

Federal Income Tax

Ded

4.04



Rec#: 3	3030	Emp#: 135	0 Philip B	railsford			Quart	ter: 4 S	State: AZ
Check:	7020	Date: 12	/07/2018			Period:11	1/25/2018 to	12/01/20	18
	Regular	Overtime	9	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.5	000	38.0000	40.00				
Hours:	40.00	(0.00	0.00	0.00	0.00	0.00	Diem	0.00
Pay:	760.00	(0.00	0.00	0.00	0.00	0.00	Misc	0.00
	Hours	Gross	Pay	Add-Ons	Deductions	Net Pay	YTD Wages		
Totals:	40.00	76	0.00	0.00	180.89	579.11	27,515.75	Salary	0.00
Calculati	ion	Туре	Check	Ye	ar Calcul	ation	Туре	Check	Year
Social Se	Social Security		41.02	1,537.6	61 AZ Inc	ome Tax	Ded	27.78	1,041.58
Medicare	.	Ded	9.59	359.	59 EE He	alth Insur Cost	Ded	91.22	2,449.00

EE Dental Insur Cost

Rec#: 2	2939	Emp#: 1350 Phil	ip Brailsford			Quar	ter: 4	State: AZ
Check:	6935	Date: 11/30/20	18		Period:11	/18/2018 to	11/24/	2018
	Regular	Overtime	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.5000	38.0000	40.00				
Hours:	28.00	0.00	0.00	0.00	0.00	8.00	Diem	0.00
Pay:	532.00	0.00	0.00	0.00	0.00	152.00	Misc	0.00
	Hours	Gross Pay	Add-Ons	Deductions	Net Pay	YTD Wages		2.22
Totals:	36.00	684.00	0.00	167.84	516.16	26,755.75	Salary	0.00

Calculation	Type	Check	Year	Calculation	Туре	Check	Year
Social Security	Ded	36.30	1,496.59	AZ Income Tax	Ded	24.59	1,013.80
Medicare	Ded	8.49	350.00	EE Health Insur Cost	Ded	91.22	2,357.78
Federal Income Tax	Ded		33.26	EE Dental Insur Cost	Ded	7.24	260.10

11/30/2018 \$ *********

Ded

7.24

260.10

Non-negotiable

Philip Brailsford 9533 E Olla Cir Mesa AZ 85212

Federal Income Tax

Ded



Rec#: 2	939	Emp#: 13!	50 Philip E	Brailsford			Quart	er: 4	State: AZ
Check: 6	935	Date: 1	1/30/2018			Period:11	/18/2018 to	11/24/20	018
	Regular	Overtim	пе	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.	5000	38.0000	40.00				
Hours:	28.00		0.00	0.00	0.00	0.00	8.00	Diem	0.00
Pay:	532.00		0.00	0.00	0.00	0.00	152.00	Misc	0.00
	Hours	Gross	Pay	Add-Ons	Deductions	Net Pay	YTD Wages		
Totals:	36.00	68	34.00	0.00	167.84	516.16	26,755.75	Salary	0.00
Calculation	on	Туре	Check	Ye:	ar Calcul	ation	Туре	Check	Year
Social Se	curity	Ded	36.30	1,496.5	59 AZ Inc	ome Tax	Ded	24.59	1,013.80
Medicare		Ded	8.49	350.0	00 EE He	alth Insur Cost	Ded	91.22	2,357.78

EE Dental Insur Cost

Rec#: 2	2873	Emp#: 1350 Phil	ip Brailsford			Quar	ter: 4	State: AZ
Check:	6877	Date: 11/23/20	18		Period:11	/11/2018 to	11/17/	2018
	Regular	Overtime	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.5000	38.0000	40.00				
Hours:	40.00	0.00	0.00	0.00	0.00	0.00	Diem	0.00
Pay:	760.00	0.00	0.00	0.00	0.00	0.00	Misc	0.00
Totals:	<i>Hours</i> 40.00	Gross Pay 760.00	Add-Ons 0.00	Deductions 180.89	Net Pay 579.11	YTD Wages 26.071.75	Salary	0.00
· otaioi			0.00		0.0	20,01 0	-	

Calculation	Type	Check	Year	Calculation	Type	Check	Year
Social Security	Ded	41.02	1,460.29	AZ Income Tax	Ded	27.78	989.21
Medicare	Ded	9.59	341.51	EE Health Insur Cost	Ded	91.22	2,266.56
Federal Income Tax	Ded	4.04	33.26	EE Dental Insur Cost	Ded	7.24	252.86

11/23/2018 \$ **********

Ded

7.24

252.86

Non-negotiable

Philip Brailsford 9533 E Olla Cir Mesa AZ 85212

Federal Income Tax

Ded

4.04



Rec#: 2	2873	Emp#: 135	0 Philip B	railsford			Quart	ter: 4	State: AZ
Check: 6	6877	Date: 11	1/23/2018			Period:11	/11/2018 to	11/17/2	018
	Regular	Overtim	е	Premium	PTO	Vacation	Holiday	Piece	0.00
Rate:	19.0000	28.5	5000	38.0000	40.00				
Hours:	40.00		0.00	0.00	0.00	0.00	0.00	Diem	0.00
Pay:	760.00		0.00	0.00	0.00	0.00	0.00	Misc	0.00
	Hours	Gross	Pay	Add-Ons	Deductions	Net Pay	YTD Wages		
Totals:	40.00	76	0.00	0.00	180.89	579.11	26,071.75	Salary	0.00
Calculati	ion	Туре	Check	Ye	ar Calcul	ation	Туре	Check	Year
Social Se	ecurity	Ded	41.02	1,460.2	29 AZ Inc	ome Tax	Ded	27.78	989.21
Medicare)	Ded	9.59	341.5	51 EE He	alth Insur Cost	Ded	91.22	2,266.56

EE Dental Insur Cost